

Case Information

Surgeon name: _____ Patient name / identifier: _____
 Contact name: _____ Surgery date: _____
 Phone number: _____ Rigid fixation vendor: _____
 Email address: _____ Sales rep name: _____
 Return shipping address : _____
 City: _____ State: _____ Zip: _____

Case Type

VSP Cranial

 VSP Distraction

 VSP Trauma

Maxilla / Mandible Reconstruction (if selected, please fill in the additional information below)

Maxilla / Mandible Reconstruction Information

Description of planned resection: _____

Graft type:	Fibula	Iliac Crest	Rib	Scapula	Other	Predicted graft segments in reconstruction: 1 2 3 4 5 6
Graft used for reconstruction:	Left	Right				
Graft data:	Patient specific	Generic				
The pedicle will emerge from: (check all that apply)	Ant	Post	Left	Right		

Notes